

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CIVIL NO. 98-1507(PG)	
DEFENDANT NILDA NEGRON-MUÑOZ		TYPE OF PROCESS LETTER OF EVICTION	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NILDA NEGRON-MUÑOZ		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Barrio Galateo, Urb. Diaz, Calle # 10-B, Toa Alta, Puerto Rico (HC-02 Box 9011, Toa Alta, PR 00953)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
AGNES I. CORDERO Assistant U. S. Attorney Torre Chardón, Suite 1201 350 Carlos E. Chardón Street San Juan, PR 00918 Attn: Foreclosure Unit/GGB/ACR Claim No. 2005v00312		Number of process to be served with this Form 28	RECEIVED UNITED STATES MARSHAL DISTRICT OF PUERTO RICO Nov 9 4 19 PM '05
		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: **AGNES I. CORDERO**

☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER: **(787) 766-5656**

DATE: **11/8/05**

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 69	District to Serve No. 69	Signature of Authorized USMS Deputy or Clerk R.S. [Signature]	Date 11-18-05
---	---------------------------	-------------------------------------	------------------------------------	---	-------------------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date: **11/22/05** Time: **10:18** ☒ am ☐ pm

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee \$ 90.00	Total Mileage Charges including endeavors) 16.49	Forwarding Fee \$ 2.00	Total Charges \$ 108.49	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
--------------------------------	--	----------------------------------	-----------------------------------	------------------	---

REMARKS: **processed served on Nilda Negron-munoz she indicated she will vacate home no later than Sunday and will turn over keys on Monday morning.**

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00